



WINTER PARK
**COMPETITION
 CENTER**
 INSPIRING LIFELONG ENJOYMENT OF SPORT
 INTEGRITY | EXCELLENCE | TEAM



Lane Space Request Form

Team Name _____ Lead Coach _____

Address _____

Training Dates: _____

Phone _____ Fax _____ Cell _____

Email _____ Website: _____

Local lodging property _____

Do you accept outside club participants in your camp? _____

*If you answer yes, we will refer inquiries about available camps to the contact above.

Desired training schedule:

Date (M/D/Y)	# of racers	Terrain GS/SL/Freeski	preference* (flat, moderate, steep)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please put any additional days on the back if needed. Include desired off days.

*We'll try to accommodate your terrain preferences as close as we can.

Please mail, email or fax this form to us and submit your deposit payment of \$50 by visiting www.winterparkresort.com/teamtrainingreservations. We will email a confirmation letter upon receipt of the form and deposit. The deposit must be received to confirm your space. Training space not reserved with a paid deposit will be released.

Winter Park Competition Center P.O. Box 36
 Winter Park, CO 80482

Email: wpccevents@winterparkresort.com | Fax: (970) 726-1690

For Office Use

IP: _____ Deposit Paid (date): _____ COI Received: _____

Waivers: _____ Roster Received: _____